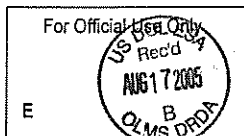


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11876</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Anthony</u> <u>Calandrino</u> P.O. Box, Bldg., Room No., if any Street <u>115-06 Myrtle Avenue</u> City <u>Richmond Hill</u> State <u>New York</u> ZIP Code + 4 <u>11418</u>	4. Name, file number, and address of labor organization. Name <u>IUOE Local 30</u> Labor Organization File Number <u>019779</u> P.O. Box, Building and Room Number, if any Street <u>115-06 Myrtle Avenue</u> City <u>Richmond Hill</u> State <u>New York</u> ZIP Code + 4 <u>11418</u>
5. Position in labor organization. <u>Exec. Board member; Business Rep.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount: \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Anthony Calandrino</u>	On <u>8/10/05</u> Date	<u>718-847-8484</u> Telephone Number

Name of Person Filing Anthony Calandrino	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>See Schedule 1</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>See Schedule 1</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>See Schedule 1</u> <hr/> 11.b. Approximate dollar value of such dealing. _____ <hr/> 12.a. Nature of interest held or income received. <u>See Schedule 1</u> <hr/> 12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____
13.b. Is the Business an Employer _____ or Consultant _____ ?	14.b. Amount of payment. _____ \$0

SCHEDULE 1 of 1

Anthony Calandrino 12/31/2004

8. Name/Address of Business	9. Business Deals	10. Trust/Employer Name	11a. Nature of Dealing	11b. Dollar Value	12a. Nature of Income	12b. Amount
Fidelity Investments	Trust	Local 30 Benefit Funds	Investment Manager	0	Dinner	\$180.00
82 Devonshire Street Boston, MA 02109						
Weiss, Peck & Greer	Trust	Local 30 Benefit Funds	Investment Manager	\$35,691.00	Lunch	\$72.00
28 State Street Boston, MA 02109					Golf	\$68.00
StoneRidge Investment	Trust	Local 30 Benefit Funds	Investment Manager	\$42,411.00	Dinner	\$118.00
7 Great Valley Parkway Suite 290 Malvern PA 19355						
Alliance Bernstein	Trust	Local 30 Benefit Funds	Investment Manager	\$69,290.00	Boat Ride	\$74.00
1345 Ave. of the Americas New York NY 10105						
Lazard Asset Mgmt. Inc.	Trust	Local 30 Benefit Funds	Investment Manager	\$140,340	Dinner	\$90.00
30 Rockefeller Plaza New York NY 10020						
Segal Company	Trust	Local 30 Benefit Funds	Consultant	\$122,125	Dinner	\$192.00
One Park Avenue New York NY 10016						
Local 30 Benefit Funds	Trust	Local 30 Benefit Funds	Fund Trustee	0	Lodging & Travel Expenses	\$1,022.00
115-06 Myrtle Avenue Richmond Hill, NY 11418						